Complete Summary

GUIDELINE TITLE

Pain in the HIV-infected substance user.

BIBLIOGRAPHIC SOURCE(S)

New York State Department of Health. Pain in the HIV-infected substance user. New York (NY): New York State Department of Health; 2005 Aug. 8 p. [17 references]

GUIDELINE STATUS

This is the current release of the guideline.

COMPLETE SUMMARY CONTENT

SCOPE

DISEASE/CONDITION(S)

- Human immunodeficiency virus (HIV) infection
- Substance abuse
- Pain

GUIDELINE CATEGORY

Diagnosis
Evaluation
Management
Treatment

CLINICAL SPECIALTY

Allergy and Immunology
Family Practice
Infectious Diseases
Internal Medicine

INTENDED USERS

Advanced Practice Nurses
Health Care Providers
Physician Assistants
Physicians
Public Health Departments
Substance Use Disorders Treatment Providers

GUIDELINE OBJECTIVE(S)

- To provide guidelines for diagnosis and management of pain in human immunodeficiency virus (HIV)-infected substance users
- To address special considerations for opioid use

TARGET POPULATION

Human immunodeficiency virus (HIV)-infected substance users who are in pain

INTERVENTIONS AND PRACTICES CONSIDERED

Diagnosis/Evaluation

1. Assessment of nature and severity of pain by history and physical examination
2. Rating and documenting the patient's pain, function, and response to medication
3. Assessment of psychological status of patients presenting with pain

Management/Treatment

1. Referral to a pain management specialist
2. Nerve block, electrostimulation, antidepressants, membrane-stabilizing medications
3. Opioid pharmacotherapy in severe chronic pain
    - Individualizing, monitoring, and documenting prescriptions for opioid medication in patients with a history of opioid use
    - Determining whether effective alternatives are available
    - Weighing the risk-to-benefit ratio of opioid use
    - Discussing expected outcomes with patients
    - Considering periodic random urine drug testing with the consent of the patient

MAJOR OUTCOMES CONSIDERED

Benefits and risks of opioid treatment for pain in human immunodeficiency virus (HIV)-infected substance users

METHODOLOGY

METHODS USED TO COLLECT/SELECT EVIDENCE

Hand-searches of Published Literature (Primary Sources)
Hand-searches of Published Literature (Secondary Sources)
Searches of Electronic Databases

DESCRIPTION OF METHODS USED TO COLLECT/SELECT THE EVIDENCE

Not stated

NUMBER OF SOURCE DOCUMENTS

Not stated

METHODS USED TO ASSESS THE QUALITY AND STRENGTH OF THE EVIDENCE

Expert Consensus (Committee)

RATING SCHEME FOR THE STRENGTH OF THE EVIDENCE

Not applicable

METHODS USED TO ANALYZE THE EVIDENCE

Review

DESCRIPTION OF THE METHODS USED TO ANALYZE THE EVIDENCE

Not stated

METHODS USED TO FORMULATE THE RECOMMENDATIONS

Expert Consensus

DESCRIPTION OF METHODS USED TO FORMULATE THE RECOMMENDATIONS

The Human Immunodeficiency Virus (HIV) Guidelines Program works directly with committees composed of HIV Specialists to develop clinical practice guidelines. These specialists represent different disciplines associated with HIV care, including infectious diseases, family medicine, obstetrics and gynecology, among others. Generally, committees meet in person 3-4 times per year, and otherwise conduct business through monthly conference calls.

Committees meet to determine priorities of content, review literature, and weigh evidence for a given topic. These discussions are followed by careful deliberation to craft recommendations that can guide HIV primary care practitioners in the delivery of HIV care. Decision making occurs by consensus. When sufficient evidence is unavailable to support a specific recommendation that addresses an important component of HIV care, the group relies on their collective best practice experience to develop the final statement. The text is then drafted by one member, reviewed and modified by the committee, edited by medical writers, and then submitted for peer review.

RATING SCHEME FOR THE STRENGTH OF THE RECOMMENDATIONS

Not applicable

COST ANALYSIS

A formal cost analysis was not performed and published cost analyses were not reviewed.

METHOD OF GUIDELINE VALIDATION

Peer Review

DESCRIPTION OF METHOD OF GUIDELINE VALIDATION

Not stated

RECOMMENDATIONS

MAJOR RECOMMENDATIONS

General Recommendation

Clinicians should not withhold treatment for pain because a patient has a history of substance use. Rather, standard pain assessment and treatment protocols should be followed.

Key Point:

It may be more difficult for substance users to attempt to stop using drugs in the presence of severe pain. Furthermore, severe and/or chronic pain may precipitate an escalation in use or relapse following a period of recovery.

Pain Assessment and Diagnosis

Clinicians should ask human immunodeficiency virus (HIV)-infected patients about pain at each visit. The nature and severity of the pain should be defined by history and physical examination.

When the patient's pain is ongoing or severe, clinicians should rate and document the patient's pain, function, and response to medication at each visit.

Key Point:

Pain is subjective and affects each patient differently. Patient appearance and laboratory tests do not always correlate with a patient's report of pain.

Key Point:

Assessing the psychological status of patients who present with pain is essential because persistent pain is typically associated with depression, loss of self-esteem, and social isolation. Addressing these issues, verbally and/or with medication, may also help the patient cope with overall pain and dysfunction.

Pain Management

Clinicians should refer HIV-infected substance users with chronic pain to a pain management specialist.

Clinicians should offer concurrent treatment for both pain and substance use to patients with unstable substance use and significant pain.

The clinician should use the following factors to guide the decision of which modality to use to treat pain in substance users:

- Etiology of pain
- Pain severity
- Previous treatment response

Key Point:

HIV-infected patients with severe pain who either have a history of substance use or are active substance users may need higher doses of pain medication for longer periods of time because physiologic tolerance may be present.

Special Considerations for Treating Pain with Opioids

Clinicians should carefully individualize, monitor, and document prescriptions for opioid treatment of long-term pain in patients with a history of opioid use. The clinician should determine whether effective alternatives are available, and if not, weigh the risk-to-benefit ratio of opioid use (see Table 1 in the original guideline documentation).

Before prescribing opioids, the clinician should discuss expected outcomes, including symptom reduction and improved function, with the patient.

CLINICAL ALGORITHM(S)

None provided

EVIDENCE SUPPORTING THE RECOMMENDATIONS

TYPE OF EVIDENCE SUPPORTING THE RECOMMENDATIONS

The type of supporting evidence is not specifically stated for each recommendation.

BENEFITS/HARMS OF IMPLEMENTING THE GUIDELINE RECOMMENDATIONS

POTENTIAL BENEFITS

General Benefits

Improved diagnosis, evaluation, management, and treatment of pain in human immunodeficiency virus (HIV)-infected substance users

Specific Benefits

Benefits of Opioid Use

- Effectively reduce pain and improve function
- Generally well tolerated
- Favorable side effect profile

POTENTIAL HARMS

Risks of Opioid Use

- Side effects: oversedation, delirium, constipation
- Dependency potential: in persons with past or current substance use, unstable psychopathology, or strong family history of abuse, risk for opioid dependency is higher than in persons without pre-existing risk factors
- Non-intended use: pharmaceutical opioids have significant "street value," thus, it is the joint responsibility of patient and clinician to minimize diversion
- Insufficient pain control: some patients paradoxically experience reduced pain control with opioids

IMPLEMENTATION OF THE GUIDELINE

DESCRIPTION OF IMPLEMENTATION STRATEGY

Following the development and dissemination of guidelines, the next crucial steps are adoption and implementation. Once practitioners become familiar with the content of guidelines, they can then consider how to change the ways in which they take care of their patients. This may involve changing systems that are part of the office or clinic in which they practice. Changes may be implemented rapidly, especially when clear outcomes have been demonstrated to result from the new practice such as prescribing new medication regimens. In other cases, such as diagnostic screening or oral health delivery, however, barriers emerge which

prevent effective implementation. Strategies to promote implementation, such as through quality of care monitoring or dissemination of best practices, are listed and illustrated in the companion document to the original guideline (HIV clinical practice guidelines, New York State Department of Health; 2003), which portrays New York's HIV Guidelines Program. The general implementation strategy is outlined below.

- Statement of purpose and goal to encourage adoption and implementation of guidelines into clinical practice by target audience
- Define target audience (providers, consumers, support service providers).
    - Are there groups within this audience that need to be identified and approached with different strategies (e.g., HIV Specialists, family practitioners, minority providers, professional groups, rural-based providers)?
- Define implementation methods.
    - What are the best methods to reach these specific groups (e.g., performance measurement consumer materials, media, conferences)?
- Determine appropriate implementation processes.
    - What steps need to be taken to make these activities happen?
    - What necessary processes are internal to the organization (e.g., coordination with colleagues, monitoring of activities)?
    - What necessary processes are external to the organization (e.g., meetings with external groups, conferences)?
    - Are there opinion leaders that can be identified from the target audience that can champion the topic and influence opinion?
- Monitor progress.
    - What is the flow of activities associated with the implementation process and which can be tracked to monitor the process?
- Evaluate.
    - Did the processes and strategies work?
    - Were the guidelines implemented?
    - What could be improved in future endeavors?

INSTITUTE OF MEDICINE (IOM) NATIONAL HEALTHCARE QUALITY REPORT CATEGORIES

IOM CARE NEED

Getting Better
Living with Illness

IOM DOMAIN

Effectiveness

IDENTIFYING INFORMATION AND AVAILABILITY

BIBLIOGRAPHIC SOURCE(S)

New York State Department of Health. Pain in the HIV-infected substance user. New York (NY): New York State Department of Health; 2005 Aug. 8 p. [17 references]

ADAPTATION

Not applicable: The guideline was not adapted from another source.

DATE RELEASED

2005 Aug

GUIDELINE DEVELOPER(S)

New York State Department of Health - State/Local Government Agency [U.S.]

SOURCE(S) OF FUNDING

New York State Department of Health

GUIDELINE COMMITTEE

Substance Use Committee

COMPOSITION OF GROUP THAT AUTHORED THE GUIDELINE

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FINANCIAL DISCLOSURES/CONFLICTS OF INTEREST

Not stated

GUIDELINE STATUS

This is the current release of the guideline.

GUIDELINE AVAILABILITY

Electronic copies: Available from the New York State Department of Health AIDS Institute Web site.

Print copies: Available from Office of the Medical Director, AIDS Institute, New York State Department of Health, 5 Penn Plaza, New York, NY 10001; Telephone: (212) 268-6108

AVAILABILITY OF COMPANION DOCUMENTS

The following are available:

- HIV clinical practice guidelines. New York (NY): New York State Department of Health; 2003. 36 p.

Electronic copies: Available from the New York State Department of Health AIDS Institute Web site.

Print copies: Available from Office of the Medical Director, AIDS Institute, New York State Department of Health, 5 Penn Plaza, New York, NY 10001; Telephone: (212) 268-6108

PATIENT RESOURCES

None available

NGC STATUS

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